Exhibit 3

Part 1 of 3

BRADLEY ARANT BOULT CUMMINGS LLP

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January 17, 2012

Via Hand Delivery
Henry Frohsin, Esq.
James F. Barger, Jr., Esq.
Frohsin & Barger, LLC
One Highland Place
2151 Highland Avenue, Suite 310
Birmingham AL 35205

Re: Debra Paradies et al. v. AseraCare, Inc. et al.
U.S. District Court Eastern District of Wisconsin
Case No.: 08-C-384

Dear Henry and Jim:

Enclosed is a hard copy of Defendants' Disclosures Pursuant to Rule 26(a)(2) as served on your clients by email yesterday. It is our understanding that a hard copy of these disclosures is being hand delivered to Ms. Nola Cross today, as well.

Should you have any questions or concerns in this regard, please feel free to contact me. Thank you.

Very truly yours,

Jack W. Selden

Enclosures

cc: Lloyd Peeples (by email, w/o enclosures)
Andrew A. Jones (by email, w/o enclosures)
James S. Christie, Jr.

1/2273643.1

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF WISCONSIN

UNITED STATES OF AMERICA, ex rel.
DEBORA PARADIES, LONDON LEWIS,
and ROBERTA MANLEY,

Plaintiffs,

vs. Case No. 08-CV-384

ASERACARE, INC. and GGNSC
ADMINISTRATIVE SERVICES d/b/a GOLDEN
LIVING,

Defendants.

DEFENDANTS' DISCLOSURES
PURSUANT TO FEDERAL RULE 26(a)(2)

NOW COME defendants and provide the following disclosures pursuant to Rule 26(a)(2) of the Federal Rules of Civil Procedure.

1. Defendants identify the following individuals as expert witnesses retained by defendants who may be called at the trial of this matter to present evidence under Rules 702, 703, or 705 of the Federal Rules of Evidence.

a. Gail Austin Cooney, M.D., FAAHPM
5300 East Avenue
West Palm Beach, FL 33480

A copy of the curriculum vitae of Dr. Cooney is attached hereto as **Exhibit A**. A copy of the written report prepared by Dr. Cooney is attached hereto as **Exhibit B**.

b. John W. Finn, M.D.
4623 Crows Nest Court
Brighton, MI 48114

A copy of the curriculum vitae of Dr. Finn is attached hereto as **Exhibit C**. A copy of the Declaration of Dr. Finn previously filed with the Court is attached hereto as **Exhibit D**. A report will be provided shortly.

c. James F. Cleary, M.D.
Medical Oncology Clinic
UW Hospitals and Clinics
600 Highland Avenue
Madison, WI 53792

A copy of the curriculum vitae of Dr. Cleary is attached hereto as **Exhibit E**. A copy of the written report prepared by Dr. Cleary is attached hereto as **Exhibit F**.

d. Thomas E. Herrmann
Strategic Management Services, LLC
5911 Kingstowne Village Parkway
Alexandria, VA 22315

A copy of the curriculum vitae of Mr. Herrmann is attached hereto as **Exhibit G**. A copy of the written report prepared by Mr. Herrmann is attached hereto as **Exhibit H**.

2. Defendants also identify the following persons as witnesses from whom they may seek to elicit expert testimony at trial under Rules 702, 703, or 705 of the Federal Rules of Evidence. None of these individuals has been retained or is specially employed by defendants to give expert testimony in this case, and their duties for defendants do not regularly involve giving expert testimony.

a. James Avery, M.D.
c/o Whyte Hirschboeck Dudek S.C.
555 E. Wells Street, Suite 1900
Milwaukee, WI 53202

Dr. Avery is the national Medical Director for AseraCare Hospice. Dr. Avery may be called to testify, if necessary, as an expert regarding the nature, purpose, and history of hospice care and the applicable standards for hospice eligibility. Dr. Avery may also be called to testify regarding the hospice eligibility of patients reviewed by plaintiffs' expert, Tonja Rice, R.N., and any other patients identified by plaintiffs as potentially having been ineligible for the hospice benefit. Dr. Avery is expected to testify that, in his opinion, and consistent with the medical records for those patients as previously disclosed in discovery, that a physician acting in good faith reasonably could have concluded that the patients in question were eligible for the hospice benefit. Dr. Avery is also expected to testify that hospice care is an underutilized form of medical care and that predicting when a patient will die is a highly complex and variable matter

of physician judgment, as is well documented in the clinical literature and in policy statements and guidance from CMS.

b. Angela Hollis-Sells, R.N., CHPN
c/o Whyte Hirschboeck Dudek S.C.
555 E. Wells Street, Suite 1900
Milwaukee, WI 53202

Ms. Hollis-Sells is the Vice President of Clinical Operations for AseraCare Hospice. Ms. Hollis-Sells may be called to testify, if necessary, as an expert regarding the medical history of and the care provided to the patients reviewed by plaintiffs' expert, Tonja Rice, R.N., and any other patients identified by plaintiffs as potentially having been ineligible for the hospice benefit. Ms. Hollis-Sells is expected to testify consistent with the medical records for those patients as previously disclosed in discovery.

c. Cindy Susienka
c/o Whyte Hirschboeck Dudek S.C.
555 E. Wells Street, Suite 1900
Milwaukee, WI 53202

Ms. Susienka is the Executive Vice President and Chief Operating Officer of GGNSC Holdings, LLC d/b/a Golden Living. Ms. Susienka may be called to testify, if necessary, as an expert regarding the Medicare Cap and its application to AseraCare's hospice operations. Ms. Susienka is expected to testify that AseraCare's operations are consistent with and are not in violation of the Medicare Cap.

3. Defendants also identify the attending physicians and AseraCare medical directors for each of the 45 patients reviewed by plaintiffs' expert, Tonja Rice, R.N., as well as the attending physicians and AseraCare medical directors for any additional patients identified by plaintiffs as potentially having been ineligible for the hospice benefit, as witnesses from whom they may seek to elicit expert testimony at trial under Rules 702, 703, or 705 of the Federal Rules of Evidence. None of these individuals has been retained or is specially employed by defendants to give expert testimony in this case, and the duties, if any, they hold for defendants do not regularly involve giving expert testimony. Each may be called to testify regarding the hospice eligibility of the patients in question based on the medical records previously disclosed in discovery. Each is expected to testify consistent with the medical records

for the patients in question as previously disclosed in discovery. Attached hereto as **Exhibit I** is a list identifying these witnesses based on the information presently available to defendants.

4. Defendants reserve the right to supplement these disclosures based on additional discovery by the parties, and defendants further reserve the right to call any of the witnesses identified by plaintiffs in their expert witness disclosures.

Dated this 16th day of January, 2012.

Charles H. Bohl
Andrew A. Jones
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EXHIBIT A

GAIL AUSTIN COONEY MD FAAHPM

Assistant Medical Director & Medical Director Emeritus, Hospice of Palm Beach County
5300 East Avenue, West Palm Beach, Florida 33407 (561) 848-5200
gail.cooney@gmail.com

Education, Postgraduate Training, and Board Certification

2010-2020	Board Certified in Hospice & Palliative Medicine American Board of Psychiatry and Neurology
2009-2010	President, American Academy of Hospice and Palliative Medicine
December 2004-present	Fellow, American Academy of Hospice & Palliative Medicine
September 2002 -September 2012	Subspecialty Board Certification in Pain Medicine American Board of Psychiatry & Neurology
July 1997 -December 2013	Board Certified in Hospice & Palliative Medicine American Board of Hospice & Palliative Medicine
1985-present	Board Certified in Adult Neurology American Board of Psychiatry & Neurology
1983-1984	Neuro-Oncology Fellowship Memorial Sloan-Kettering Cancer Center 1275 York Avenue New York, New York 10021
1980-1983	Neurology Residency Emory University Affiliated Hospitals 1440 Clifton Road Atlanta, Georgia 30322
1978-1980	Internal Medicine Residency Emory University Affiliated Hospitals 1440 Clifton Road Atlanta, Georgia 30322
1974-1978	Mayo Medical School, MD 1978 Rochester, Minnesota 55905
1971-1974	Wesleyan University, BA 1974 Middletown, Connecticut 06459
1970-1971	University of Minnesota, BA candidate Minneapolis, Minnesota

Employment

2009-2010	President American Academy of Hospice & Palliative Medicine
2008-present	Assistant Medical Director & Medical Director Emeritus Hospice of Palm Beach County
2008	Director Sari Asher Center for Integrative Cancer Care, Palm Beach Cancer Institute
1997-2008	Medical Director Hospice of Palm Beach County
1994-1997	Associate Medical Director Hospice of Palm Beach County
1989-1993	Independent Consultant Medical Specialty Consultants, Inc. 11211 Prosperity Farms Road Palm Beach Gardens, Florida 33410

1985-1989 Group Practice of Neurology
Palm Beach Neurology
5205 Greenwood Avenue
West Palm Beach, Florida 33407

Leadership Positions

Ethics Committees

Chairman

- Good Samaritan Medical Center, 2002-present
- Hospice of Palm Beach County, 1997-2008
- Palm Beach County Medical Society, 2000-2003
- Intracoastal Health Systems, 2000-2002

Member

- National Hospice & Palliative Care Organization
- Bethesda Memorial Hospital
- Columbia HCA Hospitals
- Lourdes-Noreen McKeen Residence
- St. Mary's Medical Center
- Bioethics Law Project, Advisory Committee

Board of Directors

- American Academy of Hospice & Palliative Medicine, 2006-2011; President 2009-2010
- Area Agency on Aging, 1998-2005
- Hospice of Palm Beach County, 1997-2008
- Palm Beach Day School, 1993-2001

Community Recognition

- 2010 Woman of Distinction, Palm Beach Atlantic University
- 2008 Andrew F O'Connell Award, Catholic Charities, Diocese of Palm Beach
- 2005 Giraffe Award Winner, Women's Chamber of Commerce, Palm Beach County

Chairman, National Hospice Work Group Medical Directors Forum, 2003

Academic/Research Palliative Medicine Appointments

Clinical Assistant Professor, Nova Southeastern University, 2004-present

Chief Investigator, MNTX 302 and 302EXT studies, Progenics Pharmaceuticals, 2004-2006

Palliative Medicine Publications

"Methylnaltrexone for Opioid Induced Constipation in Advanced Illness" New England Journal of Medicine ,May 2008

"Additional Benefits of Hospice in the Nursing Home", Journal of the American Geriatrics Society 49(4):492, 4/2001

"Strategies for Advance Care Planning" and "Advance Care Planning: Communicating End-of-Life Choices to Your Physician", Making Choices: Beginning to Plan for End-of-Life Care, Florida Department of Elder Affairs in collaboration with the Florida Partnership for End-of-Life Care, 6/2002

"Ethics and the Law: Physician Consulting Agreements", On-Call, Journal of the Palm Beach County Medical Society, Sept/Oct, 2003

Regional & National Palliative Medicine Presentations

2/2007 American Academy of Pain Medicine, Annual Meeting
"Phase III Results from Two Multi-Center Randomized Double-Blind Placebo-Controlled Trials of Subcutaneous Methylnaltrexone for Opioid-Induce Constipation in Patients with Advanced Illness"

9/2006 National Hospice & Palliative Care Organization, Management & Leadership Conference
"Billing for Hospice Physician Services: Tools for Success"

8/2006 American Academy of Hospice & Palliative Medicine, Medical Director Course
"Physician Billing for Hospice Medical Directors"

8/2006 American Academy of Hospice & Palliative Medicine, Current Concepts in Palliative Medicine
"Neurology in Palliative Medicine", "Neuroanatomy and Pathophysiology of Pain"

8/2005 American Academy of Hospice and Palliative Medicine, Current Concepts in Palliative Medicine
"Neurology in Palliative Medicine"

4/2005 National Hospice & Palliative Medicine, Clinical Team Conference
"Hot Topics in Ethics"

9/2003 National Hospice & Palliative Care Organization, Management & Leadership Conference
"Productive Hospice Physicians: Win, Win, Win"

2/2003 American Academy of Hospice & Palliative Medicine 15th Annual Assembly
"Outcomes in Discharged Hospice Patients"
"Joys of Marketing: How to Have Fun and Influence Physician"
"Hospice Physician Billing: Lessons from the Trenches" (Essential Skills for Hospice Medical Directors)

11/2002 Medicaid and Elder Law Issues in Florida
"Medical Ethics and Palliative Care"

9/2002 National Hospice & Palliative Care Organization, Management & Leadership Conference
"Outcomes in Discharged Hospice Patients"

9/2001 Florida Hospice & Palliative Care 17th Annual Assembly
"Ethical Perspectives on End of Life Care"

9/2001 Palm Beach County Medical Society
"Ethics of Advance Directives & Pain Management"

6/2001 American Academy of Hospice & Palliative Medicine 13th Annual Assembly
"Developing & Maintaining a Successful Hospice & Nursing Facility Partnership"

EXHIBIT B

Expert Report of
Gail Austin Cooney MD FAAHPM
5300 East Avenue, West Palm Beach, FL 33480
561-848-5200

RE: U.S. ex rel. Debora Paradies, et al. v. AseraCare, Inc., et al.
Case No. 08-C-0384 (U.S. District Court for the Eastern District of Wisconsin)

To Whom It May Concern:

I am Gail Austin Cooney MD FAAHPM, a physician licensed to practice medicine in Florida. I am Board Certified in Neurology by the American Board of Psychiatry and Neurology (1985); Hospice & Palliative Medicine by the American Board of Hospice and Palliative Medicine (1997); Pain Medicine by the American Board of Psychiatry and Neurology (2002); and Hospice and Palliative Medicine by the American Board of Psychiatry and Neurology (2010). I am a fellow in the American Academy of Hospice & Palliative Medicine ("AAHPM"), and I am a past president of this organization.

An accurate copy of my resume is attached to this communication and includes all publications authored in the previous 10 years. I have not testified as an expert at trial or by deposition in any cases during the previous 4 years. I am paid $300/hour for my record review and testimony in this case.

I was given the medical charts of 45 former AseraCare hospice patients and asked to assess the patients' hospice eligibility, based on my review of the medical record. I reviewed the chart for each of these patients.

The majority of these patients were frail elders, living in assisted or skilled nursing facilities. All had advanced chronic, life-limiting illnesses with no curative options. Many had coexisting dementia that complicated their care and added to their frailty and poor prognosis. None was able to live independently; even those living at home required caregiver support.

At the time of their admission to hospice, all 45 patients had experienced a complication that made their prognosis for surviving more than 6 months unlikely. This made them eligible for the Medicare Hospice Benefit with a life expectancy of 6 months or less if the terminal illness runs its normal course. Over time, some of these patients stabilized, but none improved. Stable patients were discharged from hospice. I have attached to this communication a summary that briefly details my opinions regarding the hospice eligibility of each individual patient.

It is extremely difficult to accurately predict death in this population. This is well documented in the clinical literature, as is the fact that the hospice benefit is an underutilized form of medical care. Among the relevant articles on these points are those referenced in my Declaration dated January 13, 2012.

For these 45 patients, the attending physicians, medical directors, and other hospice personnel used available guidelines to regularly assess and document prognosis. Ineligible patients were discharged when they failed to meet these guidelines.

In my medical opinion, all of these patients were terminally ill and were eligible for hospice services at the time of their admission. Further, their continuing eligibility was reassessed using appropriate measures and with understanding of the CMS guidelines regarding hospice eligibility. I found no instances of patients continuing under hospice care who were not eligible for the hospice benefit.

Dated this 16th day of January, 2012.

Gail Austin Cooney, M.D., FAAHPM

1 - Cook, Sarah

Ms. Cook was 92 years old, lived in a skilled nursing facility, and had end-stage dementia. She was admitted to hospice on January 5, 2007 with a recent 8 lb weight loss and increased shortness of breath with personal care. She was hospice eligible because she had lost weight, was completely bed-bound, had only garbled speech, and required total assistance in all activities of daily living. She slept most of the day [105-109]. I would estimate her dementia as FAST 7C. Her shortness of breath was probably from aspiration and related to her dementia. With hand feeding and nutritional supplements, her weight gradually increased. When her weight remained stable, she was discharged in June 2008, despite progression of her dementia to FAST 7D [75-76]. Ms. Cook remained hospice eligible throughout her hospice stay.

Ms. Cook was readmitted to hospice on September 22, 2010 with progression of her dementia to FAST 7F, complicated by weight loss and pressure ulcers [25832]. She was hospice eligible because of FAST 7F dementia: bedbound, having no speech, unable to support her head or her trunk, and no longer smiling or making contact with those around her.

2 – Yarbrough, Rubye

Ms. Yarbrough was 95 years old with end-stage cardiac disease, living in a nursing facility, at the time of her hospice admission on November 17, 2007 with congestive heart failure. She was hospice eligible because she had recently experienced an abrupt clinical decline with pneumonia, congestion, cough, and cyanosis. She had also lost 2.8 lbs. over the previous 3 months [625]. Her Palliative Performance Status was 40%, her albumin low, and chest x-ray confirmed pneumonia. She continued to do poorly and remained hospice eligible with recurrent episodes of pneumonia and congestive heart failure [831, 837, 1247]; she developed pressure ulcers [863]. She required assistance with all activities of daily living, slept most of the day, and became short of breath with conversation [1209]. Although she remained extremely frail with progressive debility, she was discharged in March 2009 with an extended prognosis when her cardiopulmonary symptoms improved and remained stable over a 2 month period.

3 – Wells, Arthur

Mr. Wells was 80 years old and living in a skilled nursing facility at the time of his hospice admission on November 15, 2007 with a diagnosis of Adult Failure to Thrive. He was hospice eligible because he had lost 9 lbs over 2 months with a BMI of 20.8; he was eating less than 50% of his meals. He had comorbid COPD and was short of breath with walking; he sometimes required oxygen therapy for his dyspnea [1585]. He remained hospice eligible with continued weight loss, falling steadily, despite nutritional support, from 141 lbs on admission to 102 lbs in September 2008 [1604]. His appetite was poor and he slept most of the day [1555]. In January 2009, his appetite began to improve [1595] and he began to slowly regain some of the weight he had lost [1670] but remained cachectic and frail [1508]. When his weight stabilized, he was discharged in March 2009 [1499], despite a persistently low BMI of 17, weight 117 lbs, with

complete dependence in activities of daily living [1516]. Mr. Wells was hospice eligible throughout because of weight loss and advanced frailty.

4 – Sanders, Edna

Ms. Sanders was 99 years old at the time of her hospice admission. Prior to her hospitalization in July 2006, she had lived independently. After her hospitalization for urinary tract infection and delirium, she could no longer live alone and was admitted to a skilled nursing facility. She was eligible for hospice admission on October 4, 2006 because of continued functional decline, increased dependence in activities of daily living, and persistent confusion and agitation. Ms. Sanders remained hospice eligible throughout her stay. Despite antidepressants and antipsychotics, her behavior continued to be difficult to manage [3572-3573]. She had several falls [4223]; she had recurrent urinary tract infections [3511, 3704] and developed skin breakdown from immobility and skin tears. She began sleeping most of the day [3860-3864]. She had difficulty maintaining her weight [3554-3555] and sometimes aspirated [3704]. She had continued and repeated complications of her advance frailty but, because her weight had stabilized, she was discharged in October 2008 [3460].

5 – Hiatt, Henry

Mr. Hiatt was 79 years old and living at home with his wife at the time of his hospice admission for COPD on 01/11/2008. He was hospice eligible because of increasing shortness of breath; he was unable to take more than a few steps without dyspnea. Travel to the VA for clinic visits had become burdensome; he wanted no further diagnostic studies; his goal was to live until April 2008, when he would celebrate 50 years with the Plumbers Union [5007]. His condition continued to decline with documented hypoxia and resting dyspnea, along with increasing weakness and fatigue [5015, 5047, 5045, 5052]. As his COPD worsened, he developed hallucinations and confusion [4988]. When these symptoms could no longer be managed at home, he was discharged to the inpatient unit at the VA Hospital in April 2009 [4919]. He remained hospice eligible at the time of his discharge.

6 – Lokkesmoe, Minnie (Patricia)

Ms. Lokkesmoe was 91 years old and living in an assisted nursing facility at the time of her hospice admission on February 19, 2007 with Adult Failure to Thrive. She was hospice eligible because of recent weight loss and hospitalization for an exacerbation of her underlying COPD with pneumonia [693]. She weighed 102 lbs. and had been 5'7" tall before she developed osteoporosis. She remained hospice eligible because of continued weight loss, falling to 80 lbs. in October 2007 [742]. She also had recurrent pneumonia [640], skin breakdown [717], and increasing problems with confusion and delirium [91, 93, 720, 751]. In 2008, her symptoms were better controlled and she began to regain weight, up to 98 lbs in August 2008, when she was discharged with an extended prognosis [968].

Ms. Lokkesmoe was readmitted three months later on November 21, 2008 with severe symptoms from her COPD, short of breath at rest, with cough, and using accessory muscles of respiration. The family's goal was for her to remain at ALF and not return to the hospital [223, 236]. She continued to be hospice eligible with resting dyspnea, unable to talk without gasping for breath [160, 190, 219]. She was emaciated and cachectic, even when eating well [169, 30204]. In addition, she had advanced dementia that progressed to FAST 7C with frequent confusion, agitation, and hallucinations [169, 30018, 30019]. She had increasing weakness with lung congestion and died at the ALF on April 14, 2010.

7 – Lorch, Irma

Ms. Lorch was 84 years old and lived in a skilled nursing facility because of advanced frailty and weakness from ischemic cerebrovascular and cardiovascular disease. She was eligible at the time of hospice admission on August 15, 2007 with a low BMI, increased agitation and confusion, and declining oral intake [5763-5769]. She remained hospice eligible because of continued weight loss and confusion [5797-5803]. When she began to regain and maintain the lost weight, she was discharged in December 2008 with an extended prognosis [5913].

8 – Bolden, Ruby

Ms. Bolden was 88 years old and living in a skilled nursing facility at the time of her hospice admission on February 16, 2008 with a diagnosis of Adult Failure to Thrive. She was hospice eligible because she had been losing weight, down to 98 lbs, along with a functional decline and falls, possible related to an acute infection. She was taken to the Emergency Room but the family elected palliative hospice care, rather than hospitalization [6401]. She had multiple comorbid diseases, including coronary artery disease and chronic pain from vertebral body compression fractures. She developed pneumonia [6889], than fractured her hip in May 2008 [6396]. She required opioids for pain control. Her appetite remained poor and she continued to lose weight [6355]. Ms. Bolden remained hospice eligible as she continued to decline with infections, pain, and falls. Ms. Bolden died on June 10, 2009 [6576, 6154]. She was hospice eligible throughout because of persistent weight loss, functional decline, infections, falls, and fracture.

9 – Carroll, Ruth

Ms. Carroll was 88 years old and lived in skilled nursing facility at the time of her hospice admission on October 11, 2007 with a diagnosis of Alzheimer's dementia. She was hospice eligible on admission with weight loss and new agitated behaviors that required atypical antipsychotic medications. Her dementia was FAST 7B; she still ambulated but had poor safety awareness. She had lost 11 lbs since June, now weighing 111 with a BMI of 22 [7774-7778]. One month later, she fell, fracturing her hip. The family revoked the hospice benefit, electing care in a non-contracted hospital on 11-8-2007 [7717].

Ms. Carroll did poorly despite repair of her hip fracture, losing weight to 88.7 lbs. Her dementia remained FAST 7B and she still attempted ambulation but was unsafe [7021]. For these reasons, she was hospice eligible and readmitted on December 14, 2007. Her decline continued. She became bedfast with her legs contracted into near-fetal position, FAST 7F [7108]. She developed seizures [7114, 7121]. In December 2008, she had a prolonged seizure. She became minimally responsive and died on December 28, 2008 [6995, 7384, 7385]. Ms. Carroll was hospice eligible throughout with dementia that progressed from FAST 7B to FAST 7F, with secondary weight loss and cachexia.

10 - Keay, Ann

Ms. Keay was 92 years old in January 2007 when she was admitted to the Medicare Hospice Benefit. She lived in a nursing facility because she required assistance in all activities of daily living. Mrs. Keay was eligible for hospice because of advanced frailty from a pre-existing cerebral infarction with right-sided weakness and aphasia, compounded by recent weight loss. In January 2006, she weighed 118 lbs; in January 2007, she weighed only 112 lbs with a BMI of 20.5; [1736]. Her weight loss continued during her hospice care, despite increased assistance with feeding and supplements. She had falls [2565], skin breakdown [2607], and a steady function decline, becoming completely nonverbal and requiring total assistance in all ADL – apparently from progression of comorbid Alzheimer's dementia. In September 2009, she weighed only 98 lbs with BMI 17 [1813]. Her decline continued until her death on 12-29-09. She remained hospice eligible throughout because of weight loss, decreasing ability to provide any self care, and skin breakdown from old ischemic cerebral infarction with comorbid Alzheimer's dementia.

11 – Mann, Georgia

Ms. Mann was 99 years old at the time of her hospice admission with adult failure to thrive on January 7, 2008. She was hospice eligible because of weight loss secondary to end-stage Alzheimer's dementia. She weighed 89 lbs and had a BMI of 15. She was unable to walk and unable to speak because of her dementia; she had multiple pressure wounds from her immobility and poor nutritional status. She was completely dependent in all activities of daily living [3293]. With hospice support, her weight increased slightly to 103 lbs. Despite this, her dementia continued to progress and she lost the ability to sit without support, had no smile, and no interaction with her environment [3270]. She had several episodes of pneumonia, probably from aspiration [3276]. Because of these complications, she remained hospice eligible. Despite her end stage dementia (FAST 7F), she was discharged from hospice when her weight stabilized at a low level in December 2009.

12 – Brenner, William

Mr. Brenner was 83 years old and lived in a skilled nursing facility because of advanced debility from dementia and Parkinson's disease. He was eligible for hospice at the time of admission on 6-12-2007 because he had lost 15 lbs. over the previous 5 months, despite tube feedings and supplements. He also required increased assistance with activities of daily living [5337-5338]. He

remained hospice eligible because he failed to regain lost weight [22086], lost the ability to communicate, and became totally dependent in all care. This decline appears to be from progression of both his dementia and his Parkinson's disease. At no time did his underlying disease improve or stabilize. Because he did not continue to lose weight, he was discharged from hospice in December 2009 with an extended prognosis [22100].

13 – Bezis, Dorothy

Ms. Bezis was 83 years old and lived in a skilled nursing facility at the time of her hospice admission on September 26, 2007 with a diagnosis of terminal Debility. She was hospice eligible because of recent weight loss, multiple recent hospitalizations for exacerbations of her comorbid COPD, pneumonia, hip fracture and syncope, probably from coronary artery disease. Her appetite was poor; she had increased fatigue, and difficulty swallowing. Additionally, she had advanced dementia, probably FAST 6E or 7A, based on clinical descriptions [7936, 7948]. She weighed 132 lbs [7938]. She remained hospice eligible because of steady weight loss [7931] and frequent infections [8076, 8083, 8091], sometimes complicated by delirium [7890]. Her weight continued to fall to 111 lbs in November 2008 [7902]. She suffered another infection, became very weak, and died in the nursing facility on November 24, 2008 [7839, 8110].

14 – Cohen, Rita

Ms. Cohen was 82 years old and lived in an assisted nursing facility at the time of her hospice admission on June 14, 2007 with a diagnosis of Adult Failure to Thrive. She was hospice eligible because of a 12 lb weight loss, representing 9% of her total body weight [8729]. She also had end-stage dementia, FAST 6E on admission – incontinent and unable to dress or care for her needs. She also required assistance with walking [8534]. She remained hospice eligible because of continued weight loss and difficulty swallowing [8513, 8518]. Her dementia also progressed and she became less verbal [8518, 8720]. These problems steadily worsened [8439, 8466]. She remained hospice eligible at the time of her transfer to a new hospice in November 2008 [8429].

15 – Karasik, Idella

Ms. Karasik was an 89 year old skilled nursing facility resident who was eligible for the Medicare Hospice Benefit at the time of her admission on June 6, 2007 with a diagnosis of dementia. Six months before admission, she began to lose weight. Despite hand feeding and supplements, weight loss continued, equaling almost 20% of her previous weight (128.8 lbs in January; 103.4 lbs in June); [9355]. She had FAST 7B dementia. After receiving hospice care, her weight stabilized but she had increasing problems with agitation and disruptive behaviors. Medications were adjusted until behaviors were better controlled. With both weight and behaviors improved with therapy, she was discharged because of an improved prognosis. Her dementia was FAST 7B at the time of discharge, weight 123 lbs. She remained hospice eligible until the time of discharge because of unstable weight and behavior, in the setting of end-stage dementia.

16 – Macie, Stanley

Mr. Macie was 91 years old and living in a skilled nursing facility because of his advanced dementia at the time of his hospice admission on March 19, 2008 for lung cancer. He was hospice eligible because of a newly diagnosed hilar mass on chest x-ray, discovered during his hospitalization for a urinary tract infection [9866, 9867]. Because of his advanced dementia, the family elected palliative hospice care rather than further diagnostic studies. He also lost about 26 lbs over the previous year and weighed 136 lbs at the time of admission with a BMI of 19 [9485, 9478]. He was having more difficulty walking and had previously been able to ambulate independently [9866]. With hospice support, his weight began to increase. Because he had no pulmonary symptoms, but did have evidence of progression of dementia, his diagnosis was changed to Alzheimer's dementia in October 2008 [9603]. Although he continued to have advanced dementia, dependent in all activities of daily living and confined to a wheelchair when out of bed, his weight stabilized at 148 lbs with a BMI of 20. He was discharged with an extended prognosis in April 2009 [9868]. He was hospice eligible throughout because of end-stage dementia with slow but steady progression. His lung cancer was a presumptive diagnosis, based on chest x-ray. In the absence of pulmonary symptoms, his x-ray findings may have been transient. No further diagnostic studies were done because of his end-stage dementia.

17 – O'Connor, Edward

Mr. O'Connor was 78 years old and lived in a skilled nursing facility at the time of his hospice admission on May 15, 2007 with a diagnosis of end-stage heart disease. He was hospice eligible because of ischemic cardiac disease, documented at the time of his myocardial infarction in 2006 [10361], now with resting angina [9933]. He had comorbid advanced dementia complicated by elopement from his assisted living facility in 2006 [10336]. Shortly after admission, he had an episode of prolonged chest pain that did not respond to nitrates. His lips were cyanotic, even on supplemental oxygen. He finally obtained relief after 3 doses of oral morphine [10201]. He remained hospice eligible with resting chest pain and dyspnea on exertion [9921, 9929]. In June 2008, he became aggressive and combative [10121]. When his symptoms could not be controlled, he was discharged to a psychiatric facility on July 1, 2008 [9894]. He remained hospice eligible throughout with NYHA Class IV heart disease with resting chest pain. His prognosis was even poorer because of his advanced comorbid dementia with agitated behaviors.

18 – Sohl, Sue

Ms. Sohl was 71 years old and living in a skilled nursing facility at the time of her hospice admission for end-stage dementia on June 15, 2007. She was hospice eligible with a recent decline in function: one year earlier, she had been living at home with her husband; 3 months earlier, she had been walking and feeding herself. In June, she was unable to walk or feed herself; she had lost 15 lbs. over the previous 5 months [6623, 7485]. She had end-stage dementia with limited ability to speak and was no longer able to walk (FAST 7A). She required assistance with all activities of daily living. During her period of hospice care, her weight

fluctuated up and down. She lost the ability to speak, developed difficulty swallowing, and began to lose control of her trunk when seated [6453, 6445, 6557]. She developed seizures [6570]. Her dementia continued to progress with loss of head control (FAST 7D); she slept most of the day [6542]. When her weight stabilized at a low level (114 lbs.) and her seizures were controlled, she was discharged with an extended prognosis in January 2010. She was hospice eligible throughout her admission because of progression of her end-stage dementia, complicated by seizures and persistently low weights.

19 – Flowers, SC

Ms. Flowers was 103 years old and living in a skilled nursing facility at the time of her hospice admission on January 4, 2008 with a diagnosis of end-stage dementia. She was hospice eligible because of her FAST 7D dementia (no functional speech, unable to walk, and unable to support her trunk when seated). She was completely dependent in all activities of daily living. She was blind. She had recently lost 15 lbs. over a 2 month period, weighing only 104 lbs at the time of admission. She developed pressure ulcers, probably from immobility and an inability to maintain her nutritional status [10512, 10517]. Her weight remained low, and then began to fall again as her condition worsened [10506]. In July 2009, she developed a urinary tract infection [10582]. Despite treatment, her condition steadily declined and she died in the nursing facility on August 26, 2009 [10747, 10368]. She remained hospice eligible throughout because of her end-stage dementia complicated by weight loss, skin breakdown, and infection.

20 – Heying, Lillian

Ms. Heying was 91 years old and lived in a skilled nursing facility because of advanced dementia at the time she was admitted to hospice on January 24, 2008 for COPD. She was hospice eligible on admission because of a recent decline with weight loss of 11 lbs over 4 months [2060] and a recent exacerbation of her COPD. She also had hospice eligible, end-stage dementia, FAST 7C based on clinical descriptions [7882]. She continued to lose weight [7872] but had no further pulmonary symptoms, so her diagnosis was changed in April 2008 to Alzheimer's dementia [7561]. She remained hospice eligible because of her weight loss. She developed episodes of lung congestion, possibly aspirating because of her dementia [7566-7567]. Her weight stabilized but her dementia continued to progress. She became almost completely bedbound, requiring a Hoyer lift to get out of bed; she was withdrawn, and rarely smiled [7804, 7827]. Her dementia progressed to FAST 7F [9549]. Despite her progressive dementia, her weight remained stable and she was discharged with an extended prognosis in October 2009. She remained hospice eligible throughout with weight loss and clear progression of her Alzheimer's dementia to the most profound level. She also had significant COPD and coronary artery disease that worsened her prognosis.

21 – Bickett, James

Mr. Bickett was 87 years old and living in a nursing facility at the time of his hospice admission on March 18, 2008 with a diagnosis of congestive heart failure. He had a history of congestive

heart failure with atrial fibrillation and a permanent pacemaker; he had comorbid dementia [11712]. He was hospice eligible because of a significant decline in function that followed an episode of aspiration pneumonia that responded poorly to antibiotics; his doctor recommended comfort care [12187]. He was over 6 feet tall but weighed only 135 lbs on admission. He had lung congestion and required continuous oxygen therapy [11712-11716]. He remained hospice eligible because he had difficulty maintaining his weight and had continued pulmonary symptoms from aspiration [11767, 11862, 11904]. His symptoms continued, worsening over time, until his death at the nursing facility on April 21, 2009 [11629]. Mr. Bickett was hospice eligible throughout, showing no signs of improvement or stabilization.

22 – Kimmons, Elsin

Ms. Kimmons was 80 years old and lived in a skilled nursing facility at the time of her hospice admission on January 15, 2007 with a diagnosis of terminal Debility. She was a frail, elderly woman with a chronic left hip wound, pain, depression, and dementia. She was hospice eligible at the time of admission because her advanced frailty had worsened with weight loss and a decline in functional status. She had lost 30 lbs over the past year and had a low serum albumin of 2.8 (a marker of poor nutrition); she required assistance in all activities of daily living [12973]. Two years earlier, she had been able to live at home with her daughter [13176]. She remained hospice eligible because of continued weight loss and new MRSA infection in her knee [12971]. Although she began to regain some of the weight she had lost, her general condition deteriorated with pain from her chronic wounds that was difficult to control because of her advanced dementia [12962, 13071, 13082, 13083]. In June 2008, she developed acute pain and a large intra-abdominal wall hematoma, a complication of her chronic Coumadin therapy for deep venous thrombophlebitis. She chose to seek curative hospital care and revoked her hospice benefit. Ms. Kimmons was hospice eligible throughout because of her progressive functional decline from her infected wounds, difficult to control pain, and advanced dementia. Her condition steadily worsened and never stabilized nor improved.

Despite her attempts at curative therapies, Ms. Kimmons failed to improve and was readmitted to the hospice program on June 16, 2008. She was hospice eligible on admission because of her chronic MRSA-infected wounds, chronic pain, and continued functional decline with recent hospitalization for complications of chronic Coumadin therapy. She also developed congestive heart failure [14007]. Her weight fell significantly during her acute hospitalization and continued to fall after she returned to the nursing facility [14050, 14098]. Her MRSA infection continued but her pain came under better control with long-acting opioids [14128]. She was discharged in April 2009 with an extended prognosis. She remained hospice eligible throughout, never showing improvement in her condition.

23 – Mitchell, Euless

Mr. Mitchell was 82 years old and living in a skilled nursing facility at the time of his hospice admission on January 24, 2007 with a diagnosis of colon cancer, metastatic to the small bowel and liver [15178]. He apparently also had suffered a stroke with residual right-sided weakness.

He was hospice eligible at the time of admission because of his metastatic cancer with recent weight loss and increased dependence in all activities of daily living. His admission weight was 159 lbs. with a BMI of 22.7 but he was eating only a few bites at each meal [15251]. He developed a stage III pressure ulcer on his sacrum [15149], probably from immobility and poor nutritional status from his advanced cancer and previous cerebral infarction. He continued to lose weight and had persistent, difficult to heal skin ulcers [15194, 15237]. In December 2007, he developed seizures [15187]. He continued to decline and died at the nursing facility on January 24, 2008 [15086]. He was hospice eligible throughout because of weight loss, functional decline, skin ulcers, and new seizures, leading to his death.

24 – Gettle, Amelia

Ms. Gettle was 76 years old and lived in a skilled nursing facility at the time of her hospice admission on December 4, 2007 with a diagnosis of dementia. She was hospice eligible because of a recent decline following hospitalization in November 2007 for ischemic cardiomyopathy and arrhythmias [15739, 15740]. Previously living in an assisted living facility, she had to move to a skilled facility because of her increased care needs. She had end-stage dementia, required assistance in all activities of daily living [15981], and had a legal guardian [15713]. She was unable to walk and had no functional speech (FAST 7A). She was often combative and refused assistance. Her oral intake was poor and she had lost 10% of her total body weight over the previous 3 months [15982]. She remained hospice eligible because of continued weight loss, accompanied by progression of her dementia. She lost the ability to stand and a Hoyer lift was needed to get her out of bed; she was unable to sit up without support (FAST 7D). She did not speak and developed contractures of her hands [15965, 16114]. Despite the progression of her dementia, she was discharged in March 2009 with an extended prognosis when her weight remained low but relatively stable [15964].

Her condition continued to decline and she was readmitted to hospice on April 14, 2009 with a diagnosis of end-stage dementia. She was hospice eligible because of her FAST 7D/E dementia, now complicated by dysphagia and weight loss [15727]. She had a stage III wound on her sacrum that did not improve with wound care [15887]. In late April, she developed fever and pain. She died in the nursing facility on May 2, 2009. She was hospice eligible throughout both admissions because of progressive end-stage dementia complicated by weight loss, dysphagia, skin breakdown, and infection.

25 – Matson, W Clifton

Mr. Matson was 89 years old and living in an assisted living facility at the time of his hospice admission on January 26, 2008 with a diagnosis of Adult Failure to Thrive. He was hospice eligible on admission because of advanced Parkinson's disease with dementia and COPD [9928]. His condition had been declining with increase respiratory distress, hypoxia, cough, and back pain [9931]. He had lost 15 lbs over the previous 9 months, weighing 144 lbs, was increasingly unsteady on his feet, and had developed complete dependence in his activities of daily living [9911]. He remained hospice eligible because of persistent respiratory symptoms, thought to be

from aspiration, a complication of his Parkinson's disease and dementia; his weight continued to slowly fall despite increased support [10043]. He was primarily bedbound and socially isolated, rarely well enough to leave his room [9909, 10011, 10016]. He continued to lose weight, down to 133 lbs. [9997]. His condition continued to slowly worsen. He died at the nursing facility in September 2009 [10289]. The family thanked AseraCare hospice in the obituary

26 - Mandorf, Paul

Mr. Mandorf was 85 years old and lived in a skilled nursing facility because of right sided weakness from cerebral ischemia. He was admitted to hospice on March 18, 2008 because of weight loss and increased weakness, following a hospitalization for gastrointestinal bleeding. He was also anemic, had renal insufficiency, and had developed pressure ulcers from immobility [16802-16806]. Although he slowly regained the lost weight, he remained hospice eligible because of continued functional decline, sleeping most of the day and requiring increased assistance with personal care [16616]. When weight and functional status stabilized, he was discharged on 3-31-2009. At the time of discharge, he remained dependent in all activities of daily living. He was hospice eligible throughout with weight loss and functional decline, evidenced by increasing dependence in activities of daily living.

27 – Tyson, James

Mr. Tyson was a 79 year old man who lived in a skilled nursing facility at the time of his hospice admission on September 20, 2007 with a diagnosis of dementia. He had advanced dementia and required assistance with all activities of daily living [17659]. He had recently suffered gastrointestinal bleeding [17534, 17568] and repeated vomiting [17561]. He remained hospice eligible with persistent vomiting, poor oral intake, and advanced dementia [17524, 235]. In July 2008, his terminal diagnosis was changed to Debility because his general decline was more pronounced than the progression of his dementia. He lost further weight [17647]. His weight loss accelerated, he developed dysphagia, and became bedbound [17515, 17955]. He died at the nursing facility on September 22, 2008 [17304]. He was hospice eligible throughout with advanced dementia, complicated by weight loss, vomiting and dysphagia.

28 – McClucas, Virginia

Ms. McClucas was 90 years old and lived in a skilled nursing facility at the time of her hospice admission on March 16, 2007 with a diagnosis of Alzheimer's dementia. She was hospice eligible because she had lost 9 lbs over 6 months, representing 6% of her total body weight, with a BMI of 21. Her serum albumin was also low, 2.8 9a marker of poor nutrition) [18434]. She had advanced dementia, FAST 6E and was not ambulatory [18250]. She developed bullous pemphigoid [18448]. She began to regain the weight lost but unfortunately her Alzheimer's disease progressed until she had almost no functional speech and could not walk (FAST 7C) [19246]. She slept most of the day [18579]. Because her weight had improved, she was discharged with an extended prognosis on January 3, 2009 [18213]. She was hospice eligible

throughout with initial weight loss followed by progression of her Alzheimer's disease from FAST 6E to 7C.

Ms. McClure was readmitted to hospice on January 19, 2010 and died the following day [31386]. She was hospice eligible on admission with a 2 week history of refusing food and fluids; IV fluids had not improved her condition. Her weight was stable at 144 lbs. She was somnolent and appeared to be actively dying. She died only hours after admission [31403-31415].

29 – Miller, Caroline

Ms. Miller was 89 years old and living in a skilled nursing facility at the time of her hospice admission on February 19, 2008 with a diagnosis of dementia. She was hospice eligible because of her end-stage dementia. She was essentially nonverbal, could only transfer to a wheelchair with 2 people assisting, and could not support her trunk (FAST 7C/D). Additionally, she had recently lost 13 lbs. and weighed only 97 lbs on admission [11023]. She remained hospice eligible because of persistent weight loss over the next year, to a low of 79 lbs. in March 2009 [11290]. She then began to regain weight, but only to 91 lbs. with a very low BMI of 17.8 in September 2009 [11212]. There was no improvement in her end-stage dementia. She again began to lose weight and her dementia continued to progress. At the time of her last evaluation on 11/1/2010, her weight was 70.6 lbs; she was bedbound, nonverbal, completely dependent in all activities of daily living and had poor oral intake (FAST 7D). Ms. Miller remained hospice eligible throughout, both for Adult Failure to Thrive with sustained weight loss, despite nutritional support, and for progressive, end-stage Alzheimer's type dementia.

30 – Sweeney, Ruth

Ms. Sweeney was 93 years old and lived in a skilled nursing facility because of advanced dementia. She was eligible at the time of hospice admission on January 8, 2008 because of an 11 lbs. weight loss over the previous 9 months [19622-19633]. She was mostly nonverbal, did not recognize her family, and had to be fed by staff. She could not walk but was able to propel her wheelchair, using her feet [19449-19450]. I would estimate her admission FAST score as 7B, Although she gradually regained weight over the next year, she remained hospice eligible because of progression of her dementia with loss of trunkal control (FAST 7D)[19445-19446], episodes of aspiration and lung congestion [19728], and loss of the ability to smile (FAST 7E)[19652-19656]. Because her weight remained stable, she was discharged on 5-1-2009 with an extended prognosis. She was readmitted to hospice on 9-23-2009 after she had a seizure and became bedbound with weight loss and total dependence for care [31286-31287]. She died the following day [31271]. Ms. Sweeney was hospice eligible throughout with progressive dementia, difficulty maintaining her weight, aspiration and, at the end, seizures.

31 – Wear, John

Mr. Wear was 79 years old and lived in a skilled nursing facility at the time of his hospice admission on September 5, 2007 with end-stage cardiac disease. He was hospice eligible

because of recent weight loss, shortness of breath, and oxygen dependence. He was confused, dependent in all activities of daily living, and required a Hoyer lift to be moved from his bed to a wheelchair. He had recently had pneumonia [20554]. He remained hospice eligible with continued respiratory distress, cough, and repeated respiratory infections [20545, 20715, 21588]. In November 2008 he developed yet another infection [20668], did not respond to antibiotics, and died at the nursing facility on December 7, 2008 [20479].

32 – Yoder, Doris

Ms. Yoder was 70 years old and living in a skilled nursing facility at the time of her hospice admission on October 3, 2007 with a diagnosis of cerebrovascular disease. She was hospice eligible because of a six year history of progressive dementia complicated by several falls in August 2007 with evidence of acute cerebral ischemic infarction and a subdural hematoma on CT and MRI [21943-21944]. Her appetite was poor; she lost 11 lbs and became confined to a wheelchair [21771]. She remained hospice eligible, showing no improvement in appetite, weight or function. She became completely dependent in all activities of daily living [21756]. Her weight fell to 112 lbs [21755] and she developed pressure ulcers on her sacrum, probably because of her continued weight loss despite nutritional supplements [21940]. She developed contractures from her advanced cerebrovascular disease and dementia [21753]. She continued to weaken and decline, dying in the nursing facility on November 7, 2008 [21706]. Ms. Yoder was hospice eligible throughout because of slow but steady decline in function and weight, resulting in her death.

33 – Oleski, Mildred

Ms. Oleski was 84 years old and living at home, alone, at the time of her hospice admission on November 14, 2007 for end-stage pulmonary disease. Her son and daughter-in-law lived nearby and were her primary caregivers. Ms. Oleski was hospice eligible because of progression of her chronic pulmonary disease, now with shortness of breath at rest and unable to take more than a few steps without needing to rest. She had been hospitalized 4 times over the previous year for cerebral ischemia, myocardial infarction, and respiratory distress [22654]. She required continuous oxygen therapy [22571]. Her weakness and fatigue steadily worsened and she required around-the-clock caregiver support [22560]. She lost weight and required assistance with all activities of daily living [22598, 22602]. In April 2009, Ms. Oleski chose to revoke the hospice benefit to seek aggressive care [22543]. She remained hospice eligible throughout with end-stage COPD, shortness of breath at rest, and progressive need for support in activities of daily living. She showed no improvement or stabilization.

34 – Risher, Lanny

Mr. Risher was 64 years old and living at home at the time of his hospice admission on January 19, 2007 with end-stage ischemic cardiovascular disease. He was hospice eligible because of Stage IV cardiac disease, evidenced by resting dyspnea, chronic chest pain, and persistent edema, refractory to therapy. His cardiac ejection fraction was very low, 18%. He was also on

Coumadin for atrial fibrillation, adding to his poor prognosis [12136]. He had been hospitalized 3 months earlier with myocardial infarction, atrial fibrillation, and congestive heart failure. He was not a candidate for surgical therapies [13240-13241]. He continued to be hospice eligible with resting dyspnea and persistent chest pain [12132]. His performance status remained poor and in May 2008 he required nursing facility placement because he was no longer able to care for himself [12114]. Despite increased support from the nursing facility caregivers, he remained frail with shortness of breath with any activity. His cognitive status declined; he was more confused, and became sexually aggressive [12100]. He remained hospice eligible throughout because of these progressive symptoms and functional decline.

35 – Teed, Helen

Ms. Teed was 92 years old and lived at a skilled nursing facility at the time of her hospice admission on February 8, 2008 with a diagnosis of Dementia. She was hospice eligible because of a recent progression of her dementia, now nonverbal and requiring assistance with all activities of daily living. She had lost 5 lbs over 1 month, ate only 25% of her meals, and had increased lung congestion with hypoxia [13317, 13393]. She remained hospice eligible, developing a pressure wound on her coccyx from immobility [13313] and having persistent lung congestion, most likely from aspiration related to her dementia and comorbid COPD [13300, 13376]. Her decline became more rapid with weight loss to 107 lbs [13337]. She was completely bedbound and minimally responsive [13285]. She was hospice eligible throughout because of progression of her dementia to FAST 7F with weight loss and recurrent respiratory symptoms from aspiration.

36 – Lutz, Irene

Ms. Lutz was 80 years old and lived in a skilled nursing facility because of advanced Parkinson's disease and dementia. She was eligible at the time of her hospice admission on December 10, 2007 because of her end-stage Parkinson's disease with myoclonic jerking [15356], worsening tremors, and frequent falls. Her weight was low with a BMI 22. She had difficulty speaking and swallowing; she had low back pain [14262-14268]. She remained hospice eligible because of progression of her Parkinson's disease, causing her to become immobile and unable to communicate [14432-14438]. She began to gain weight, possible because of her decreased activity. Her dementia progressed and she had no intelligible speech and was unable to sit up without physical support (FAST 7D) [14510-14514]. Although her primary disease slowly progressed, her weight stabilized and she had no episodes of infection or skin breakdown; she was discharged with an extended prognosis in July 2010 [28154, 28304].

37 – Schreck, Thomas

Mr. Schreck was 63 years old and living at home with his wife at the time of his hospice admission on October 24, 2007 with dementia. He was hospice eligible on admission with a 7 year history of progressive dementia and a recent hospitalization because of loss of ambulation, making his dementia FAST 7C. He had also developed seizures. He appeared to be losing weight

but could not stand for a weight measurement [15478-15482]. He remained hospice eligible with slow but steady progression of his dementia, becoming less responsive to his environment and, at times, combative with care [15678]. In 2008, he took advantage of the hospice respite benefit while his wife underwent surgery for ovarian cancer [15656]. Despite requiring total care, he remained at home with his wife [15636]. He became bedbound and started to aspirate during feedings; he had recurrent seizures [15466, 15517]. He lost weight as his decline continued [31580]. He died at home with his wife on May 2, 2010. He was hospice eligible throughout with dementia that progressed from FAST 7C to FAST 7F with secondary seizures, weight loss, and aspiration.

38 – Buchanan, Marie

Ms. Buchanan was 62 years old and lived at home when she was admitted to hospice on March 31, 2007 with a diagnosis of pancreatic cancer, metastatic to the liver. She was hospice eligible because of her terminal cancer, diagnosed in February 2007; she was not considered a candidate for chemotherapy because of her poor performance status [23201-23204]. For the next year, her weight remained low but stable and her abdominal pain was controlled on long-acting opioids [24740-24744, 24760-24764]. A CT scan of the abdomen in January 2008 confirmed progression of her pancreatic cancer [24510]. In July 2008, she was reevaluated by her oncologist, who confirmed her terminal diagnosis and did not recommend any further diagnostic studies or treatment [23197-23198]. In December 2008, her oncologist recommended a PET scan, "just to confirm our suspicion of objective worsening of her disease... Her overall prognosis remains poor..." [23222]. "It continues to amaze me that she is alive" [23225]. On 12/10/2008, Ms. Buchanan chose to revoke her hospice benefit because she wanted to receive a PET scan. She was hospice eligible throughout with untreated metastatic pancreatic cancer.

She was readmitted to hospice on 12-15-2008 [24907]. She was hospice eligible because she continued to have untreated metastatic pancreatic cancer with abdominal pain, treated with long-acting opioids, increasing weakness and frailty, and weight loss. She continued to live alone at home despite her increased need for assistance [23560-23564]. She had increasing weakness and pain, complicated by falls with hip fracture; she had to be admitted to a skilled nursing facility in February because she could no longer live alone [23243, 23370]. Her condition steadily declined with pain, weakness, and jaundice [23577, 23586]. She died in the nursing facility on June 27, 2009 [24906, 24966]. She was hospice eligible throughout with untreated metastatic pancreatic cancer.

39 – Faires, Evelyn

Ms. Faires was 85 years old at the time of her hospice admission on October 29, 2007 with Adult Failure to Thrive. She was hospice eligible because she had lost 21 lbs over 3 months; on admission, she weighed 100 lbs with a BMI of 19. She also had significant cognitive impairment from Alzheimer's dementia; she was confused, restless, and had nonsensical speech. She was dependent in all activities of daily living. Deafness and poor vision added to her social isolation

[17644-17648]. She remained hospice eligible with persistently low weight despite nutritional support [17635]. Her weight fell to 95 lbs [17626]. Her dementia progressed with agitation; she became bedbound [17598]. Her weight continued to fall to 88 lbs [17764], then 82 lbs. She slept most of the day because of her end-stage dementia [17740]. Ms. Faires was hospice eligible throughout with continued weight loss and slow progression of her end-stage dementia to FAST 7D/E based on clinical description.

40 – Castleman, Birdie

Ms. Castleman was 69 years old and living at home at the time of her hospice admission on March 25, 2008 with end-stage COPD. She was referred by her treating physician [25211]. She was hospice eligible on admission because she had short of breath at rest with cough, used oxygen around-the-clock, and required assistance in 3/6 activities of daily living. She was hypoxic at rest without oxygen. She had recently lost weight and her appetite had declined. She required nebulizer treatments four times daily for partial symptom relief [25215-25219]. Her disease continued to progress, complicated by increasing episodes of confusion, and in November 2008 she moved to a skilled nursing facility because of her increased need for caregiver support [25177, 25205]. In the nursing facility, she began to gain weight and tolerated increased activity [25308, 25449]. When these improvements were sustained, she was discharged in May 2009 with an extended prognosis [25140]. Ms. Castleman was hospice eligible throughout with end-stage COPD, oxygen dependent and with resting dyspnea. Her functional improvement can be attributed to the change in her living situation, rather than to improvement in her underlying disease.

41 – Cox, Andrew

Mr. Cox was 86 years old and living in a skilled nursing facility at the time of his hospice admission on March 3, 2008 with a diagnosis of Debility. He was eligible on admission with respiratory distress that appeared to be from aspirating his food [19509]. He had been to the hospital 3 times over the last 2 months with declines in his condition: once with chest pain, once with an exacerbation of his COPD and once with a change in mental status. He was felt to have chronic aspiration, a consequence of an old stroke and progressive Alzheimer's dementia [20465]. He had difficulty maintaining his nutrition and, at 6'3", weighed only 145 lbs with a BMI of 18. He was dependent in all activities of daily living and was confined to bed or chair. He had garbled speech and hand contractures [19932]. Mr. Cox remained hospice eligible with repeated episodes of lung congestion and pneumonia [19918, 19782]. He steadily lost weight, falling to 119 lbs in February 2009 [20014, 20024]. He did not return to the hospital while under hospice care. His infections failed to respond to treatment and he died in the nursing facility on September 14, 20009, with his family at his bedside [19558, 19705]. Mr. Cox was hospice eligible throughout, showing slow but steady decline with no improvement or stabilization.

42 – Wyatt, Donna

Ms. Wyatt was 66 years old and living at home at the time of her hospice admission on March 25, 2007 for end-stage cardiac disease. She was eligible on admission because of acute myocardial infarction and respiratory failure on 3-15-2007 [22065], resulting in intubation and ventilator support. On 3/23/07, she asked to be taken off the ventilator; she was expected to die [22071]. When she survived, she was discharged home with hospice care two days later. She was profoundly ill with resting dyspnea and cyanosis [20669-20673]. Although her condition improved from admission [20667], she remained extremely ill from her cardiac disease and COPD. She could not have a conversation or finish a meal without shortness of breath. She was cyanotic. She had frequent chest pain that was treated with nitrates and morphine. She also used oral morphine for air hunger. She was homebound and could walk only a few steps without resting. She used oxygen continuously. Her weight was low on admission, 79 lbs, but fell even farther to 63 lbs [20579-20583]. Ms. Wyatt remained hospice eligible throughout with end-stage ischemic heart disease with resting chest pain and end-stage COPD with resting dyspnea. After the first week, she showed no evidence of improvement and remained at high risk for dying.

43 – Booker, Coletta

Ms. Booker was 86 years old and living at home with her frail, elderly husband at the time of her hospice admission on February 9, 2007 with a diagnosis of Alzheimer's dementia. She was hospice eligible because she had end-stage dementia, FAST 7D, unable to speak, walk, or support herself when seated. She had comorbid congestive heart failure with edema [26334, 26354]. She remained hospice eligible because of progression of her dementia with hallucinations, sleeping most of the day, and dependence in all activities of daily living [26327-26332]. She had consistent symptoms of heart failure with leg edema [26327]. Her symptoms slowly progressed and never improved [26283-26287]. In May 2008, she stopped eating, became lethargic, and died at home on June 1, 2008 [26339, 26357]. Ms Booker was hospice eligible throughout with FAST 7D dementia that steadily progressed to FAST 7E dementia with comorbid congestive heart failure and hallucinations.

44 – Rembles, Jean

Ms. Rembles was 81 years old and lived in a skilled nursing facility at the time of her hospice admission on June 8, 2007 with a diagnosis of Debility. She was hospice eligible with a low weight, 106 lbs, incontinence, confusion, and a stage II pressure ulcer on her coccyx [27580-27584]. She had comorbid advanced dementia, FAST 6E by description, and required assistance or was dependent in all activities of daily living. She remained hospice eligible because of continued weight loss to 102.6 lbs, despite nutritional support [27332]. She had increasing agitation and became unable to support herself when seated [27564, 27569]. Her condition continued to decline, she became unresponsive and febrile, and died in the nursing facility, her daughter at her side, on June 24, 2008 [27281, 27283, 27289]. She was hospice eligible throughout.

45 – Yankovich, Yvonne

Ms. Yankovich was 81 years old and lived in a skilled nursing facility at the time of hospice admission on April 30, 2007 with a diagnosis of Debility. She was hospice eligible because of weight loss, dementia, and functional decline. She had recently lost bowel and bladder control and was more confused, although she did have some speech and retained the ability to ambulate (FAST 6E). She weighed 115 lbs and her oral intake had declined [30439-30443]. She remained hospice eligible because of recurrent urinary tract infections, usually associated with a decline in function or syncope [30363]. She continued to lose weight, falling to 104 lbs in January 2008 and had more difficulty walking [30316]. Her steady declined continued with repeated infections, falls, and more periods of confusion/delirium [29972, 29975, 30250]. She became much worse in October 2008 [30019] and died in the nursing facility on November 6, 2008 [29950]. She was hospice eligible throughout with a steady decline in function and weight, complicated by frequent infections.

EXHIBIT C

Date of Preparation: 11/2008

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American Medical Association
American Society of Clinical Oncology
Michigan Cancer Consortium
Michigan Hospice and Palliative Care Organization
Michigan Partnership on End-of-Life Care
Michigan Society of Hematology and Oncology
Michigan State Medical Society
National Hospice and Palliative Care Organization
NIH Pain and Palliative Care Working Group

LICENSURE AND BOARD CERTIFICATION:

Michigan Board of Medicine
Physician License #4301045058

Diplomate, American Board of
Internal Medicine 1989
(indefinitely valid)

Diplomate, American Board of
Hospice and Palliative Medicine
1996, 2005

HONORS/AWARDS:

1981 Alpha Omega Alpha
2000 Crystal Rose Award Hospice of Michigan
2001 Distinguished Service Award Michigan State Medical Society

2001 Fellow Am Academy of Hospice and Palliative Medicine
2004 Educator of the Year Michigan Hospice and Palliative Care Organization
2004 Winner, MarCom Creative Award *Clinical Guidelines for End-of-Life Care*
2010 Passion For Healing, Service Excellence Recognition, St. John Health

SERVICE:

Patient Care — Attending Privileges at Most Area Hospitals
Hospice Physician Visits at Home, Assisted Living, Nursing Homes

Professional Consultation:

Public Testimony in regards to Proposal B
Legalization of Physician Assisted Suicide to the Terminally Ill Competent Adult 1998

Retained by Law Firms or Regulatory Agencies 4 times
Hospice Chart Reviews for Hospice Medicare Eligibility

JOURNAL/EDITORIAL ACTIVITY

Editorial Review Board:
Journal of Opioid Management

Referee:
Journal of Pain and Symptom Management
Journal of Palliative Medicine

Other Professionally Related Service

2001 Integrating Cancer Care and Palliative Care: A Strategic Retreat, Promoting Excellence in End-of-Life Care, The Robert Wood Johnson Foundation, June 2001,Chicago, IL

2002 Member, Advisory Council, National Consensus Project for Quality Palliative Care

2005 Certified Trainer, EPEC-O, **E**ducation for **P**hysicians in **E**nd-of-Life **C**are – **O**ncology
(ASCO/NCI/Lance Armstrong Foundation)

National and International Boards and Committees:

Founding Member 1988
Board of Directors 1992-2002
Past Chairperson: Education, Personnel, Legislative and Regulatory Committees
Annual Program Chair 1997
President-Elect 2000, President 2001, Past President 2002
American Academy of Hospice and Palliative Medicine

External Reviewer
Health Services Committee 2006-2007
American Society of Clinical Oncology

Research Committee
National Hospice and Palliative Care Organization

Pain and Palliative Care Working Group
National Institutes of Health

Appointed Official Alternate for State of Michigan
White House Conference on Aging (12/05, Washington D.C.)

State and Local Boards and Committees:

Member 1994
Board of Directors 2005-2007
Michigan Cancer Consortium

Board Member 1988-1990
Michigan Cancer Pain Initiative

Chair, Hospice and Dementia Workgroup
Michigan Dementia Coalition

President 10/90-10/92
Michigan Pain Society

Chair, Hospice Medical Directors Committee
Member, Ethics Committee
Member, End-of-Life Task Force
Michigan State Medical Society

Steering Committee Member 2002-2004
Nursing Home Quality Initiative (pain)
Michigan Peer Review Organization (QIO contracted by CMMS)

TEACHING:

Years at WSU: Attending Physician at Harper Hospital since 1988
Clinical Assistant Professor since 1995
Clinical Associate Professor 2007

Courses Taught at WSU in Last 5 Years:

Undergraduate: End of Life Care
Medicine, Culture and Society 2005
Wayne State University Honors Program

Graduate

Physical Process: What Happens When We Die?
WSU Interdisciplinary Studies Program 7510
Fall 2001, 2002, 2003, 2004, 2005

Medical Students

Year I

Cure vs. Comfort: When to Decide
Breaking Bad News

Year II

Palliative Medicine
Lecture and MD Lab Discussions
Medical Ethics Course (Mark Speece PhD)
March 20, 1999 and subsequent years

Intro to Hospice and Palliative Care
Clinical Medicine 2
August 14, 2003

Year III-IV

Coordinator, Family Medicine Elective 0734068
Hospice-Palliative Medicine
3-6 students/year since 1989

Hospice Day: Interdisc Team Meeting/Home Visits
5-6 WSUSOM III Students/Month since 2003

Hospice Day Monthly Debriefing
3-4 Two Hour Sessions/Year since 2003
Dept of Family Medicine (Juliann Bienda, MSW)

Intro to Hospice and Palliative Medicine
Prognostication
Communication
Physician Assisted Suicide
Senior Seminars in Ambulatory Medicine
Monthly since 2004

Residents/Fellows

Hospice
Intern Orientation
WSU Dept of Family Medicine
July 16, 2003

When is Appropriate Time to Refer to Hospice
Morning Report
Department of Surgery
Mt. Clemens General Hospital
July 23, 2003

Issues in End of Life Care
Geriatric Fellow Monthly Conference
Medical Education, Oakwood Hospital
October 15, 2003

Topics in Hospice and Palliative Medicine
Noon Conference
Family Practice Residency Program
North Oakland Medical Center
January 14, 2004
June 15, 2004
Sept 15, 2004

Intro to Hospice and Palliative Medicine
Prognostication, Physician Assisted Suicide
Intern EPEC
WSU Dept of Internal Medicine
Several Times each year since 2004

Preceptor, Palliative Medicine Month
Geriatric Fellows, Oakwood Hospital
Two Fellows/Year since 2005

Director, WSU SOM Fellowship in Hospice/Palliative Medicine
2005-2006 Dr. Dana Buick
2006-2007 Dr. Nadia Tremonti

Course Curriculum Development

Involvement with Course Content in Hospice and Palliative Medicine Topics at all Educational Levels at Wayne State for the past several years.

GRANT SUPPORT:
Roxanne Laboratories
Protocol #626J211
RCT: Sustained Release Morphine
3/86-87

Roxanne Laboratories
Protocol RSRT-01/02
RCT: Sustained Release Morphine
9/87-3/88

Consultant
Physician Hospice/Palliative Care Training: UNIPAC's
NCI Grant; CA 94-12

Co-Principal Investigator
Palliative Care Project
Robert Wood Johnson Foundation Grant
U of M/Hospice of Michigan
1999-2002

PUBLICATIONS:

Original Observations in Referred Journals:

Finn JW, Walsh TD, MacDonald N, Bruera E, Drebs L, Shepard K. Placebo-Blinded Study of Morphine Sulfate Sustained-Release Tablets and Immediate-Release Morphine Solution in Outpatients with Chronic Pain Due to an Advanced Cancer. J Clin Oncol. 11:967-972, 1993.

Ritch P, Plezia P, Rushing D, Heilman R, Finn J, Andresen S, Schobelock M, Mosdell K, Shepard K. A Multicentere, Multiple Dose, Open Label Study of the Initiation of Sustained-Release Morphine Sulfate (SRMS) in Chronic Pain. Am J Hospice and Pall Care. 12:18-23, 1995.

Esper P, Hampton JN, Finn J, Smith DC, Regiani S, Peinta KJ. A New Concept in Cancer Care: The Supportive Cancer Program. Am J Hospice and Pall Care. 16:713-722, 1999.

Billings JA, Block S, Finn J. Initial Voluntary Program Standards for Fellowship Training in Palliative Medicine. J Palliat Med. 5:23-33, 2002.

Review Articles:

Finn JW. Curbside Consultation: Determining Prognoses for Patients with Terminal Illness. Am Fam Phys. 73:2062-2067, 2006

Finn JW. Curbside Consultation: Discussing Terminal Illness with a Patient. Am Fam Phys. 74:175-176, 2006.

Chapters:

Finn JW, Schonwetter RS. Module One: Hospice and Palliative Medicine: Philosophy, History and Standards of Care, in Schonwetter RS, Hawke W, Knight CF (eds): Hospice and Palliative Medicine Core Curriculum and Review Syllabus. American Academy of Hospice and Palliative Medicine. Dubuque, Iowa: Kendall/Hunt Publishing Company, 1999.

Finn JW, et al., Stories of Pearl: Surviving End-of-Life Care; Stories of Three Veterans: A Spectrum of Palliation; Stories of Ryan: Too Little Time. In D. Gelfand, R. Raspa, S. Briller & S. Schim (eds), End of Life Stories: Crossing Boundaries. New York: Spirnger Series on Death and Suicide, 2005.

Educational Materials:

Finn JW, Barker C, Foerg M (eds). Clinical Guidelines for End-of-Life Care, 3rd Edition, Maggie Allesee Center for Quality of Life, Hospice of Michigan, Detroit, 2003.

Finn JW (ed): Advanced Dementia Manual, Caring for a Loved One With Advanced Dementia: A Care Giver's Manual, 2cd Edition, Maggie Allesee Center for Quality of Life, Hospice of Michigan, Detroit, 2005.

PUBLISHED ABSTRACTS:

McClure L, Roth R, Parzuchowski J, Finn J, Pienta KJ. A Palliative Care Program that Decreases Caregiver Burden. Proceedings, American Society of Clinical Oncology. Abstract #1558, 2001.

Finn J, Pienta KJ, Parzuchowski J, Worden F. Palliative Care Project: Bridging Active Treatment and Hospice for Terminal Cancer. Proceedings, American Society of Clinical Oncology. 21: Abstract #1452, 2002.

Finn JW, Nelson P, Yassine M, Presby K, Towns J, Affholter S. Cancer Outcomes at End of Life in Michigan. Proceedings, American Society of Clinical Oncology. 24: Abstract #8575, 2006.

Yassine M, Wing D, Towns J, Finn JW. End-of-Life Care in Michigan: 2006 Update. Proceedings, American Society of Clinical Oncology. 26: Abstract # 9544, 2008.

PRESENTATIONS:
International Meetings

Cure vs. Comfort: When is Hospice Care Right for My Patient Breaking Bad News
Milton and Lois Shiffman Home Hospice of the Valleys Symposium
Ha'Emek Medical Center (Afula, Israel) & Jewish Fed of Metro Detroit
Nov 14, 1999
Nazareth 'Illit, Israel

Pain and Symptom Management
Building Bridges of Excellence in Supportive and Palliative Care
June 16-18, 2002
Windsor, Ontario

Anorexia & Cachexia Malodorous Wound, Palliative Sedation
Western China Medical Center
May, 2003
Chendu, People's Republic of China

National Meetings

Assisted Suicide and Euthanasia: A Hospice Response
Logotherapy for Hospice: Emergence from Pessimism and Cynicism Towards Optimism and Trust
2cd National Conference on Spiritual/Bereavement/Psychosocial Aspects of Hospice Care
August 21, 1999, Pittsburgh, PA

Developing and Implementing a Curricular Theme on End of Life Care for Medical Students
Society of Teachers of Family Medicine
February 2, 2001, Long Beach, CA

Regulatory Issues for Hospice Medical Directors Self Preservation Skills
Advanced Medical Director Institute (Pre-Con)
2cd Joint Clinical Conf & Exposition on Hospice and Palliative Care
AAHPM, H+PNA, NHPCO
March 23, 2001, Orlando, FL

A Working Model for Inpatient Hospice: An Effective Hospice-Hospital Partnership
13th Annual Assembly
American Academy of Hospice and Palliative Medicine
June 22, 2001, Phoenix. AZ

Hospice Approach to Palliative Medicine: My Take on the Next 20 Years
Self-Preservation Skills; Breaking Bad News
Advanced Palliative Medicine: Current Concepts and Cert Board Review
September 14-15, 2001, San Francisco, CA

Self-Preservation Skills for the Hospice Professional
3rd Joint Clinical Conference & Exposition on Hospice and Palliative Care
AAHPM, H+PNA, NHPCO
March 22, 2002, New Orleans, LA

Advances in Palliative Care
Integrated Education Session
American Society of Clinical Oncology
May 20, 2002, Orlando, FL

Hospice Approach to Palliative Medicine: My Take on the next 20 Years:
Breaking Bad News;Self-Preservation Skills
Advanced Palliative Medicine: Current Concepts and Cert Board Review
October 18 & 19, 2002, San Francisco, CA

Becoming a Peak Performer as a Hospice Doc Incorporating Oncology and Hospice Care
4th Joint Clinical Conference, AAHPM/H+PNA/NHPCO
April 9 & 10, 2003, Denver, CO

Integrating Hospice and Palliative Care into Cancer Care
23rd Annual Betts F Komer Cancer Seminar
April 30, 2003, Rochester, New York

Peak Performance as Hospice Medical Director
5th Clinical Team Conference on Hospice and Palliative Care
March 23, 2004, Las Vegas, NV

Physicians as Successful Administrators
19th Management Leadership Conference and Exhibition
National Hospice and Palliative Care Organization
September 29, 2004, Washington, DC

The Art of Prognosis
The Rhythm of Life
Ohio Hospice and Palliative Care Organization
November 10, 2004, Columbus, OH

Beyond the Ordinary: Advanced Approaches to Symptom Management Formulation of Prognosis
Annual Assembly of Hospice and Palliative Medicine
January 19-23, 2005, New Orleans, LA

The Evolving Role of Chemotherapy in Hospice
6th Clinical Team Conference on Hospice and Palliative Care
National Hospice and Palliative Care Organization
April 21, 2005, Atlanta, GA

The Final Hours of Living, Bereavement, Prognosis
Current Concepts in Palliative Care: Update and Review Course
Hospice Medical Director Course
American Academy of Hospice and Palliative Medicine
August 25-27, 2005, San Antonio, TX

Teaching a Multidisciplinary, Vertically Integrated EOL Curriculum That Meets Multiple Medical School Objectives, Controversies Related to Artificial Hydration and Nutrition
The Annual Assembly of AAHPM & A+PNA
February 10, 2006, Nashville, TN

The Art and Science of Prognosis
7th Clinical Team Conference and Scientific Symposium
National Hospice and Palliative Care Organization
April 26, 2006, San Diego, CA

Medicine's Best Promises: Palliative and Hospice Care
AAFP Scientific Assembly
September 27, 2006, Washington, DC

Role of Radiation and Chemotherapy in Hospice/Palliative Care
Predicting the Future: Prognostication in Cancer and Non-Cancer Illness
Neuropathic Pain
Palliative Care at Sea
MedicusCME & Royal Caribbean Cruise
December 2-10, 2006, Eastern Caribbean

Local/Regional Meetings

Bioethical Issues and Dilemmas Related to Futile Care
Medical Futility: Confronting the Issues
Harper Hospital
March 11, 1997

Pain Management and End of Life Care
MSMS Annual Scientific Meeting
November 5, 1997, Dearborn, MI

Comprehensive Care of the Dying
Michigan Chapter ACP
September 24, 1998, Traverse City, MI

Debate: Physician Assisted Suicide
Wayne County Medical Society
October 20, 1998, Detroit, MI

Surviving Assisted Suicide
The 1998 Institute Symposium
University of Pennsylvania
October 31, 1998, Philadelphia, PA

When Death is Inevitable-Make Breast Cancer the Target: Lower Morbidity, Mortality, Liability
ACS/BSBSMI/MDCH/MOA/MSMS/MICOA/PICOM
November 8, 1998, Brighton, MI

End of Life Decisions
21st Annual Michigan ACP Associates' Meeting
ACP/ASIM
May 7, 1999, Southfield, MI

Terminal Care and Pain Management
11th Annual Great Lakes Family Practice Review
OHEP Center for Medical Education
May 11, 1999, Southfield, MI

Program Chair,*Controversies in End of Life Care*
Michigan State Medical Society
May 18, 1999, Grand Rapids, MI

Transition from Acute Care to Palliative Care
Cadillac Mercy Hospital
June 4, 1999, Cadillac, MI

End of Life: Patient Referral and Education
Michigan's Cancer Control Priorities: Clin Practice Issues and Guidelines
Pain Management and Hospice Care
MSMS Committee of Hospice Medical Directors
134th Annual Scientific Meeting
Michigan State Medical Society
November 3-5, 1999, Dearborn, MI

Physical Symptom Management at End of Life
42cd Clinic Day: Death and Dying…Advances in Medical Practice
St. Joseph Mercy Oakland
November 17, 1999, Troy, MI

Program Chair, EPEC, Michigan State Medical Society
March 16-17, 2000, Lansing, MI

Pain and Symptom Management
12th Annual Great Lakes State Family Practice Review Course
OHEP Center for Medical Education
Providence Hospital
May 2, 2000, Southfield, MI

Dying Well: Competent Pain Management
Palliative Care/Pain Management Symposium, Aultman Cancer Center
June 16, 2000, Canton, OH

Advancements in Hospice and Pall Care for Michigan's Cancer Patients
2000 Annual Meeting, Michigan Society of Hematology and Oncology
September 16, 2000, Bay Harbor, MI

Program Chair, EPEC, Michigan State Medical Society
October 4-5, 2000, Dearborn, MI

Program Chair, Improving End-of-Life Care, Michigan State Medical Society
November 2, 2000, Dearborn, MI

Program Chair, *Hospice and Palliative Care: More Effective Utilization*
Understanding Hospice and Palliative Care
Michigan State Medical Society
November 15, 2000, Grand Rapids, MI

Program Chair, Understanding Hospice and Palliative Care
November 29, 2000, Troy, MI

Cure vs. Care: When to Decide
Marquette General Health System
November 30, 2000, Marquette, MI

Smoothing the Transition from Curative to Palliative Care
4th Annual Palliative Medicine Program
Geisinger Health System
March 14, 2001, Danville, PA

Cure vs. Comfort: When to Decide Communication and Care at the End of Life
ProMedica Health System
April 17, 2001, Perrysburg, OH

End of Life Issues
13th Annual Great Lakes State Family Practice Review
OHEP Center for Medical Education
Providence Hospital
May 8, 2001, Southfield, MI

Withholding and Withdrawing Treatment
MidMichigan Medical Center – Midland
May 14, 2001, Midland, MI

Hospice and Palliative Care
14th Annual Continuing Education Program on Issues in Aging
WSU Institute of Gerontology
May 16, 2001, Troy, MI

Palliative Care in the ED
Grand Rounds
Emergency Medicine Department
Sinai-Grace Hospital
May 17, 2001, Detroit, MI

Making Acute Care Hospice Work for You and Your Patients, Physician, Take Care of Yourself
Palliative Care in the Acute Care Setting
Memorial Hospital & Hospice of Chattanooga
August 15, 2001, Chattanooga, TN

Hospice and Palliative Care
Dept of Med Grand Rounds
WSU SOM – Scott Hall
August 22, 2001, Detroit, MI

Hospice and Palliative Care: Towards More Effective Utilization
What Michigan Physicians Need to Know About End of Life Care
Blue Cross Blue Shield of Michigan
September 6, 2001, Southfield, MI

More Effective Utilization of Hospice and Palliative Care
Regulatory Issues for Hospice, Self-Preservation Skills for the Hospice Medical Director
Advances in Palliative Medicine
Hospice Training for Medical Directors and Staff Videoconference
Michigan State Medical Society & Hospice of Michigan
October 24, 2001, Detroit, MI

Physician-Assisted Suicide
Elements of End of Life Care
Common Physical Symptoms
Last Hours of Living
EPEC
Providence Hospital
October 26-27, 2001

Hospice Approach to Pain and Symptom Management
Medical, Surgical, and Social Care of the Homebound Patient
OHEP Center for Medical Education
Providence Hospital
November 9, 2001, Southfield, MI

Physician Wellness
Tawas St. Joseph Hospital
April 12, 2002, Tawas, MI

"Doctor, what about my pain?"
Gilda's Club
April 24, 2002, Royal Oak, MI

Pain Management
14th Annual Great Lakes State Family Practice Review
OHEP Center for Medical Education
May 9, 2002, Troy, MI

Self-Preservation Skills for Medical Professionals
Alpena General Hospital
May 31, 2002, Alpena, MI

Communication: Breaking Bad News
Pain Management
Test Taking Strategies and References
Hospice and Palliative Medicine: A Brief Review
Iowa Methodist Medical Center/Hospice of Central Iowa
September 12, 2002, Des Moines, IA

EPEC
Withholding and Withdrawing Treatment/Gaps in EOL Care/PAS
Wilcox Memorial Hospital & Kauai Hospice
September 28 & 29, 2002, Lihue, Kaua'i, HI

Program Chair
Update on Cancer Pain Management
The Science and Practice of Palliative Medicine
Hospice Medical Director Training Day
Michigan State Medical Society
October 3, 2002, Acme, MI

Point/Counterpoint: Is "Terminal Sedation" Physician-Assisted Death?"
6th Annual MSMS Conference on Bioethics
October 5, 2002,Traverse City, MI

Michigan Experience at the EOL
Care for Self in EOL Care
End of Life Conference
Marquette General Health System
October 11, 2002, Marquette, MI

The Chronic Wound: Principles and Strategies for the Physician
137th Annual Scientific Meeting
MSMS Foundation
November 6, 2002, Troy, MI

Opening Keynote
Preservation Skills for the Hospice Professional
OHPCO 25th Anniversary Conference
November 12, 2002, Columbus, OH

Communication: Breaking Bad News
Pain Management
Institute for Awareness, Education and Research
Hospice of Central Iowa
September 12, 2002, Des Moines, Iowa

Palliative Medicine: What is it? How can it work in the hospital?
Communication – Breaking Bad News
Cultural Issues in Palliative Care
Improving EOL Care Through Palliative Medicine
The Kern Coalition for Life's Choices and the Bakersfield Memorial Hospital CME Committee
February 22, 2003, Bakersfield, CA

Closing Plenary
Self-Preservation Skills for Hospice Professionals
Georgia Hospice Organization's 23rd Annual Meeting and Symposium
February 28, 2003, Atlanta, GA

Clinical Aspects of Bereavement
Light in Darkness Videoconference
Hospice of Michigan/WSU Institute of Gerontology/MHPCO
March 25, 2003, Detroit, MI

Palliative Care Methods and Effects
EPEC
Living the Good Life…at the End of Life
2004 Nebraska End of Life Conference
NE Hospice and Pall Care Assoc/NE Coalition for Compassionate Care
April 15, 2003

Hospice Approach to Palliative Medicine
23rd Annual Betts F Komer Cancer Seminar
Arnot Ogden Medical Center
April 30, 2003, Elmira, NY

EPEC
Communicating Bad News
Physician Assisted Suicide
Elements of End of Life Care
St. John Health/Providence Hospital
May 2, 2003, Bloomfield Hills, MI

End of Life Issues
Pain Management
15th Annual Great Lakes Family Practice Review
OHEP Center for Medical Education
May 8, 2003, Beverly Hills, MI

Pain Management in the Nursing Home
Michigan Peer Review Organization Nursing Continuing Education
May 8, 2003, Gaylord
May 9, 2003, Mt. Pleasant
May 16, 2003, Southfield
May 22, 2003, Kalamazoo

Hospice and Beyond: Integrating Quality of Life into End of Life and Palliative Care
WSU Institute of Gerontology 16th Annual Issues in Aging Conference
May 14, 2003, Troy, MI

Pain Management in Hospice Patients
Pain Awareness Symposium
Harper University Hospital
May 16, 2003, Detroit, MI

Supportive Care
7th Annual Review in Oncology and ASCO Update 2003
Michigan Society of Hematology and Oncology/ KCI
June 21, 2003, Dearborn, MI

Trends, Issues, Legalities in Hospice and Palliative Medicine
Nursing Luncheon Lecture Series
Cancer Treatment Center
Huron Valley Hospital
July 23, 2003, Commerce Township, MI

Evidence Based Update: End of Life Care
2003 Michigan Chapter Scientific Meeting
American College of Physicians
September 20, 2003, Acme, MI

Spiritual Care at End of Life: Care-based Presentations by Hospice Panel
6th Annual Foglio Conference on Spirituality and Medicine
Spirituality in Practice: Innovation & Application in Healthcare
MSU Dept of FP & Center for Ethics and Humanities in the Life Sciences
October 2, 2003, East Lansing, MI

Program Chair
1st Annual Assuring Competence and Compliance in End-of-Life Care
WSU SOM & Hospice of Michigan
October 10-11, 2003, Bay Harbor, MI

Breaking the Silence: How to Deliver Bad News
Vision for the Future Conference
October 23, 2003, Chattanooga, TN

The Dying Deserve Medicine's Best: Hospice Movement Overview, Dyspnea, Cachexia and Fatigue at the End of Life
Fall Hospice Symposium
Keweenaw Home Nursing and Hospice
October 27, 2003, Calumet, MI

Tailoring End-of-Life Care to Four Different Death Trajectories
138th MSMS Foundation Annual Scientific Meeting
November 5, 2003, Troy, MI

Breaking Bad News
Self-Preservation Strategies for Physicians
2003 Fall Symposium
End of Life Issues
Fairfield Medical Center
November 6, 2003, Lancaster, OH

EPEC
Communicating Bad News
Physician Assisted Suicide
Elements of End of Life Care
St. John Health/Providence Hospital
November 7, 2003, Southfield, MI

Update on Pharmacological Management of Pain
KCI Cancer Supportive Care Symposium: Advances in Management
November 8, 2003, Dearborn, MI

Peak Performance as Physician Leader in Hospice
5th Clinical Team Conference
National Hospice and Palliative Care Organization
March 23, 2004, Las Vegas, NV

Pain Management
16th Annual Great Lakes State Family Practice Review
OHEP Center for Medical Education
May 6, 2004, Beverly Hills, MI

The Art and Science of Prognosis
Tailoring Information to Serve the Patient with Terminal Illness
WSU End of Life Interdisciplinary Project
John D Dingell VA Medical Center
May 14, 2004, Detroit, MI

Self-Preservation Skills for the Palliative Care Professional
17th Annual Continuing Education Program on Issues in Aging
WSU Institute of Gerontology
May 26-27, 2004, Troy, MI

Program Chair
2cd Annual Assuring Competencies and Compliance in End-of-Life Care:
Palliative Care and Advanced Disease Management
WSU SOM & Hospice of Michigan
October 7-9, 2004, Bay Harbor, MI

End of Life Care
17th Annual Great Lakes State Family Practice Review
Southeast Michigan Center for Medical Education
May 5, 2005, Beverly Hills, MI

Supportive Care
Annual Review in Oncology & ASCO Update
June 11, 2005, Dearborn, MI

Program Chair
AAHPM Clinical Module Pre-Con, Welcome, Formulation of Prognosis
3rd Annual Assuring Competencies and Compliance in End-of-Life Care
WSU SOM, Hospice of Michigan
October 2005, Bay Harbor, MI

EPEC
Providence Hospital
November 11, 2005, Southfield, MI

NHPCO 7th Clinical Care Conference
"Art & Science of Prognosis"
April 26, 2006, San Diego, CA

End of Life Decision Making
38th Annual Conference
Michigan Association of Homes and Services for the Aging
May 8, 2006, East Lansing, MI

2006 Annual Meeting
American Society of Clinical Oncology
General Poster Session: "Cancer Outcomes at End of Life in Michigan"
June 2, 2006, Atlanta, GA

Supportive Oncology
Interpreting Clinical Data: Highlights from ASCO 2006
Michigan Society of Hematology and Oncology/U of M Medical School
June 24, 2006, Dearborn, MI

2006 Scientific Assembly
American Academy of Family Practice
"Medicine's Best Promise: Palliative and Hospice Care"
September 27, 2006, Washington, DC

Quality EOL & Palliative Care
EPEC-Oncology
2006 Palliative Care Conference – "All Things Fall"
EPEC/ELNEC
Oakwood Hospital
November 17-18, 2006, Dearborn, MI

Palliative XRT/CTX in Hospice Prognostication in Cancer and Non-Cancer Illnesses
Neuropathic Pain
Palliative Medicine at Sea
MedicusCME
Royal Caribbean Cruises
December 2-10, 2006

Point/Counterpoint: PAS-Right or Wrong
2007 Annual Assembly of AAHPM & HTPNA
Salt Lake City, UT
February 17, 2007

Prognostication of Non-Cancer Diseases
Making the Case for Recertification for Patients beyond 6 months on Hospice
Arizona Hospice and Palliative Care Association Meeting
Phoenix, AZ
February 23, 2007

Supportive Oncology Care
Annual Review in Oncology and ASCO Update
Michigan Society of Hematology and Oncology
Dearborn, MI
June 23, 2007

The Provision of Chemotherapy in Hospice: When Is It Palliative?
8th Clinical Team Conference
National Hospice and Palliative Care Organization
New Orleans, LA
November 29, 2007

The Changing Interface: Oncology and Hospice
Annual Conference
Michigan Hospice and Palliative Care Conference
Bay City, MI
April 29, 2008

Supportive Oncology
Annual Review in Oncology and ASCO Update
Michigan Society of Hematology and Oncology
Dearborn, MI
June 28, 2008

Symptom Management for Advanced Lung Cancer
2008 Palliative Care Collaborative: 2cd Annual Regional Conference
Dearborn, MI
October 24, 2008